EXHIBIT C

FORM B10 (Official Form 10) (10/05)

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UNITED STAILS BANKRUPICY COURT	Dısı	RICT OF NEVADA	PROOF OF CLAIM			
Name of Dubtor USA Commercial Mortgage Co	Case N BK-S	umber -06-10725 1br				
NOTE This form should not be used to make a claim for an administrative expense ma						
Name of Creditor (The person or other entity to whom the debtor owes money or property) Dr James & Tracy Murphy, Trustees of The Murphy Family Trust Name and address where notices should be sent Christopher D Jaime, Esq. Maupin, Cox & LeGoy	else h your giving Check notice case	to box if you are aware that anyone as filed a proof of claim relating to claim. Attach copy of statement g particulars to box if you have never received at the from the bankruptcy court in the tox if the address differs from the	ny Is			
P.O. Box 30,000 Reno, NV 89520	addre	ss on the envelope sent to you by	THIS SPALL IS FOR COURT USE ONLY			
Last lour digits of account of other number by which creditor identifies debtor		k here 🔲 replaces claim 🔲 amends a previously	filed claim dated			
1 Basis for Claim ☐ Goods sold ☐ Services performed ☑ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other		Retiree benefits as defined i Wages salaries, and compe Last four digits of your SS Unpaid compensation for so from	nsation (fill out below) # ervices performed			
2 Date debt was incurred 4/21/05	3	If court judgment, date obtain N/A	ed			
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed Sec revuse side for important explanations Unsecured Nonprierity Claims Check this box if a) there is no collateral or lien securing your claim or b) your claim is centred value of the property securing it, or if c) none or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Amount entitled to priority Sp.cify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (1)(1)(B) Wages salaries, or commissions (up to \$10 000),* earned within 180 days before filing of the bankrapicy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) E. Total Amount of Claim at Time Case Filed Contributions to an employee sherify plan - 11 U.S.C. § 507(a)(5) E. Check this box if claim includes interest or other charges in addition to the principal amount of the claim Altach itemized statement of all interest or additional charges C. Check this box if claim includes interest or other charges in addition to the principal amount of the claim Altach itemized statement of all interest or additional charges C. Check this box if claim includes interest or other charges in addition to the principal amount of the claim Altach itemized statement of all interest or additional charges C. Check this box if claim includes interest or other charges in addition to the principal amount of the claim Altach itemized statement of all interest or additional charges C. Check this box if claim includes interest or other charges in addition to the principal amount of the claim Altach itemized statement of all interest or additional charges C. Check this box if claim includes interest or other charges in addition to the prin						
Penalty for presenting fraudulent claim. Fine of up to \$500 000 o	r imprisonme	ent for up to 5 years or both 18 L	USA CMC			
			1072500471			

Case 06-10725-gwz Doc 871	5-3 En	tered 07/25/11 15	29:33 P	age 3 of 5
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debter	Coco Ni	(rohor		
Name of Debtor USA COMMERCUAL MORTSHYE	Case Nu			
USA COMMOTECIAL STEEL 119	196-1	0725-1312		
COUPAINY				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative	expense	Check box if you are		
arising after the commencement of the case A "request" for payme administrative expense may be filed pursuant to 11 U S C § 503		aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address	5	statement giving particulars		
PANAGIOTII DOVANIDIS AND AIKATE	אלואל ו	Check box if you have		
GIANNOPOULOG		never received any notices from the bankruptcy court or	no noteli e tu	HE DROOF OF CLARK FOR A
14 MIKINOIN St		BMC Group in this case	SECURED INTER	iis proof of Claim for a Rest in a Borrower that is not
GLYFADA ATHENS HELLAS, 16674		Check box if this address	ONE OF THE DE	
GRECE		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number () 0//- 302/0 -46224	2.6	court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifie		Check here replace	es .	
4041	. <u></u>	if this claim amen		/ filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	☐ Wages	salaries and compensation (fill out below)	Other claims against services (not for loan balances)
Services performed Taxes		r digits of your SS#		(not for loan balances)
Money loaned	Unpaid	compensation for services per	formed from	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes				the time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$	b) commente	Check this box if yo	our claim is secu	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or exceeds the value of the property securing it, or if c) none or only part of		a right of setoff)		
entitled to priority		Brief description of		
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$ 30	000.00
Amount entitled to priority \$		Amount of arrearage ar	_	at time case filed included in
Specify the priority of the claim		secured claim if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B	3)	Up to \$2 225* of deposits toward		
Wages salaries or commissions (up to \$10 000)* earned within 180 d before filing of the bankruptcy petition or cessation of the debtor's	ays	services for personal family of Taxes or penalties owed to go		
business whichever is earlier 11 U S C § 507(a)(4)	-	Other Specify applicable para		• • • • • • • • • • • • • • • • • • • •
Contributions to an employee benefit plan 11 USC § 507(a)(5)		* Amounts are subject to adjus	stment on 4/1/07 a	nd every 3 years thereafter
E TOTAL AMOUNT OF OLAIM	. 224	with respect to cases commen	ced on or after the	
AT TIME CASE FILED	50,0	<u> </u>	(\$ 50,000.00
(unsecured)	•	secured)	(priority)	(Total)
6 CREDITS The amount of all payments on this claim has been of SUPPORTING DOCUMENTS. Attach copies of supporting d		· ·	- '	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting d</u> running accounts contracts court judgments, mortgages securi				
DOCUMENTS If the documents are not available explain if the	e documents	are voluminous attach a sur	nmary	
8 DATE-STAMPED COPY To receive an acknowledgment of proof of claim	the filing of y	our claim enclose a stamped	d self-addressed	i envelope and copy of this
The original of this completed proof of claim form must be s ACCEPTED) so that it is actually received on or before 5 00	pm, prevailir	ng Pacific time on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals partnerships governmental units)	s, corporatio	ns joint ventures trusts ar	ıa	
BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO		
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Center	r ru	ED MOVES & SOOR
P O Box 911 El Segundo CA 90245-0911		t Franklin Avenue do CA 90245	FIL	ED NOV 2 9 2006
DATE / SIGN and print the name and title if any o	of the creditor o			
this claim (attach copy of power of a	ttofney (fany)			USA CMC
11/21/06 Myovorus of	15		····	9) 5
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprison	ment for up to	5 years or both 18 U.S.C. 66 :	152 AND 3571	1072501500

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

UNITEDSTATE	Se 06-10725-gwz Doc 87	1072	OOF OF CLAIM	
				YOUR CLAIM IS SCHEDULED AS
Name of Debtor		Case No	umber	Schedule/Claim ID s31068 Amount/Classification
USA Commercial N	lortgage Company	06-10	725-LBR	\$11 538 46 Unsecured
This form should not be used arising after the commencem	開始機構 開発 開発 開 11321244 ROOK IDER DR	nt of an	Check box if you are aware that anyone else has filed a proof of claim retating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim it you agree with the amounts set forth herein, and have other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Continge Unliquidated or Disputed, a proof of claim must be filed.
l			differs from the address on the envelope sent to you by the	Bankruptcy Court or BMC you do not need to file aga
Creditor Telephone Number			court.	THIS SPACE IS FOR COURT USE ONL
Last four digits of account or	other number by which creditor identifie	es debtor	Check here repla	a previously filed claim dated /////
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold	Personal injury/wrongful death	☐ Wages,	salanes and compensation	(fill out below) Other claims against service (not for loan balances)
Services performed	Taxes		r digits of your SS #	6144
Money loaned	Other (describe briefly)	Unpaid (compensation for services pe	erformed from 2003 to 9-13-04 (date)
2 DATE DEBT WAS INCUR	RED BK 4-13-04	3 IF C	OURT JUDGMENT, DATE (
	AIM Check the appropriate box or boxes th	at best descri	be your claim and state the amou	int of the claim at the time case filed
See reverse side for important UNSECURED NONPRIORIT	·		SECURED CLAIM	
_	no collateral or lien securing your claim or b) your claim		our claim is secured by collateral (including
	perty securing it, or if c) none or only part of y		a nght of setoff)	ž politeko sal
UNSECURED PRIORITY CL	AIM		Bnef description of	_
	n unsecured claim all or part of which is		Real Estate	-
Amount entitled to priority	4		Value of Collateral	s ACCOUNTY OF A MANUAL INCOME IN THE CASE FILED INCLUDED IN
Specify the priority of the cla	ulm .		secured claim if any	and other charges <u>at time case filed</u> included in \$\frac{22}{945,75}\$
	s under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	۲	1	and purchase, lease or rental of property or
- Wages salaries or commis	sions (up to \$10 000)* earned within 180 days	5		or household use 11 USC § 507(a)(7)
before filing of the bankrupto business whichever is earlie	by petition or cessation of the debtor's er 11 U S C § 507(a)(4)		i ·	vernmental units 11 U S C § 507(a)(8)
 -	e benefit plan 11 U S C § 507(a)(5)	L.		agraph of 11 U S C § 507(a) () street on 4/1/07 and every 3 years thereafter
TOTAL AMOUNT OF CO.		<i></i>		nced on or after the date of adjustment
AT TIME CASE FILED	(unsecured)	(8	secured)	\$ 22,995.75 (priority) (Total)
				emized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary				
				ed self-addressed envelope and copy of this
ACCEPTED) so that it is for each person or entity governmental units) BY MAIL TO BMC Group	pleted proof of claim form must be se actually received on or before 5 00 p (including individuals, partnerships,	m, prevaili , corporatio BY HAND BMC Gro	ng Pacific time, on Novemb ons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO UP	per 13, 2006 USE ONLY und
Attn USACM Claims Dock P O Box 911	seting Center		CM Claims Docketing Cente	er
El Segundo CA 90245-09		El Seguno	t Franklin Avenue do CA 90245	FLED DEC 1 1 2006
	GIGN) and print the name and title if any, of the this claim (attach copy of power of attor		other person authorized to file	TEN DEO I I 2000
12-9-06	Marno Hestoroll	Co	once Weste	USA CMC

Case 06-10725-gwz	5-3 <u>E</u>	ntered 07/25/11	. <u>15:29:33</u> Pa	ge 5 of 5		
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM		W []]	IM IS SCHEDULED AS		
It ame of Debtor	Case Number		Schedule/Claim ID	· · · · · · · · · · · · · · · · · · ·		
			Amount/Classificat	ion		
USA Commercial Mortgage Company	U6-1U7	'25-LBR	\$5 769 23 Unsecu	red		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address GREGORY D YONAI FAMILY TRUST C/O GREGORY D YONAI TRUSTEE 1982 COUNTRY COVE CT LAS VEGAS NV 89135 1552	of an	Check box if you are aware that anyone else ha filed a proof of claim relati to your claim. Attach copy statement giving particula. Check box if you have never received any notice from the bankruptcy court BMC Group in this case. Check box if this addidiffers from the address of	The amounts reflect scheduled by the Disputation of claim against this proof of claim E of the amounts should be so the disputation of the disputa	ted above constitute your claim as ebtor or pursuant to a filed claim. It amounts set forth herein and have no the Debtor you do not need to file XCEPT as stated below own above are listed as Contingent, sputed, a proof of claim must be ady filed a proof of claim with the		
072 741		envelope sent to you by the court	- ' '	Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY		
Creditor Telephone Number (702) 233 /444 Last four digits of account or other number by which creditor identifies	debtor			E 13 FUN COUNT USE UNLY		
Last rout digits of account of other number by which creditor identifies (u o nioi	of the slave	replaces or a previously amends	filed claim dated		
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11	USC § 1114(a)	Unremitted principal		
Goods sold Personal injury/wrongful death Services performed Taxes	Wages :	salaries and compensa	,	Other claims against servicer (not for loan balances)		
Money loaned Other (describe briefly) Unpaid compensation for services performed from to						
2 DATE DEBT WAS INCURRED 9-15-2005		OURT JUDGMENT, DA	TE OBTAINED	(date) (date)		
CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations				time case filed		
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIN				
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Check this box if your claim is secured by collateral (including , a right of setoff) A right of setoff) Brief description of collateral Check this box if your claim is secured by collateral (including , a right of setoff) Brief description of collateral Check this box if your claim is secured by collateral (including , a right of setoff) Brief description of collateral						
UNSECURED PRIORITY CLAIM	···	Brief descripti	on of collateral 60	CIRN VICE 1911 ON		
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Colla	e ☐ Motor Vehicle teral \$ <i>UNKNON</i>	1100/ 2 -		
Amount entitled to priority \$		Amount of arrears		at time case filed included in		
Specify the priority of the claim	_	Secured claim if a	11y \$ 27.000 =			
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000) earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's		services for personal far	toward purchase lease only or household use 11 to governmental units 11	USC § 507(a)(7)		
business whichever is earlier 11 U S C § 507(a)(4)		,	paragraph of 11 U S C	• ' ' ' '		
Contributions to an employee benefit plan 11 U S C § 507(a)(5) Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment						
5 TOTAL AMOUNT OF CLAIM \$ \$	25,00	00. <u>92</u> \$		\$ 25,000. 12		
AT TIME CASE FILED (unsecured)		ecured)	(pnonty)	(Total)		
Check this box if claim includes interest or other charges in addition to the		·				
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this						
proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 USE ONLY for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and						
governmental units) BY MAIL TO BMC Group	BY HAND O	OR OVERNIGHT DELIVER	Y TO	NOV 0 6 2006		
P O Box 911	1330 Eas	t Franklin Avenue lo CA 90245				
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorned)	creditor or		ıle	USA CMC		
10 23-2004 Querrer D Uma O	ey irany) / UhD v/W	D Mong. ta	mily Trust	1072500995		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment		years or both 18 USC	§§ 152 AND 3571			